

FORM CD-451 (REV 10/98)		U.S. DEPARTMENT OF COMMERCE		<input type="checkbox"/> GRANT <input checked="" type="checkbox"/> COOPERATIVE AGREEMENT	
AMENDMENT TO FINANCIAL ASSISTANCE AWARD				ACCOUNTING CODE cc: 1/4721348 Cb Req. No. 1/472-2136 \$-L	
				AWARD NUMBER 70NANB1H3050	
RECIPIENT NAME Computer Aided Surgery, Inc.				AMENDMENT NUMBER #01	
STREET ADDRESS 300 East 33 rd Street, Suite 4N				EFFECTIVE DATE	
CITY, STATE, ZIP CODE New York, NY 10016				EXTEND WORK COMPLETION TO n/a	
CFDA NO. AND PROJECT TITLE: 11.612, Advanced Technology Program (ATP), Proposal No. 00-00-4607 Project Title: Anatomic Computer Modeling for Precise and Accurate Therapies					
COSTS ARE REVISED AS FOLLOWS:		PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST		\$800,000.00	\$0	\$0	\$800,000.00
RECIPIENT SHARE OF COST		\$ 36,500.00	\$0	\$0	\$36,500.00
TOTAL ESTIMATED COST		\$843,000.00	\$0	\$0	\$843,000.00
REASON(S) FOR AMENDMENT This cooperative agreement is being amended to change the administrative contact.					
This Amendment approved by the Grants Officer is issued in triplicate and constitutes an obligation of Federal funding. By signing the three documents, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. Upon acceptance by the Recipient, two signed Amendment documents shall be returned to the Grants Officer and the third document shall be retained by the Recipient. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally terminate this Amendment.					
X Special Award Conditions Line Item Budget Other(s)					
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Marilyn Goldstein <i>Marilyn Goldstein</i>				DATE 10-24-01	
TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL DR D.B. KARRON, PRESIDENT <i>D.B. Karron</i>				DATE 11/7/01	



Original

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**SPECIAL AWARD CONDITIONS
ADVANCED TECHNOLOGY PROGRAM – SINGLE RECIPIENT
COMPUTER AIDED SURGERY, INC.
COOPERATIVE AGREEMENT NO. 70NANB1H3050
AMENDMENT #01**

**THE FOLLOWING SPECIAL AWARD CONDITIONS ARE
AMENDED:**

1. RECIPIENT ADMINISTRATOR CONTACT

The Recipient Administrator Contact's name, title, address, and telephone number are:

(Administrative) Lee Gurfein
Computer Aided Surgery, Inc.
300 East 33rd Street, Suite N
New York, NY 10016
Phone: (212) 686-8748
Fax: (212) 448-0261

ALL PRIOR TERMS AND CONDITIONS REMAIN THE SAME.

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C. A. S. I.

Computer Aided Surgery, Inc.

Virtual Reality, Tele-operation, Simulation, and Innovative Advanced Surgical Super-specialty Research

D. B. Karron, Ph.D.

President and Chief Technical Officer
300 East 33rd Street, Suite 4N
New York, New York, 10016

Telephone and Voice Mail: +1 (212) 686 8748, Fax: +1 (212) 448 0261.

Electronic Mail: karron@casi.net Internet/World Wide Web: <http://www.casi.net>

Thursday, October 11, 2001 at 018:09:49 Hours

TO: Jayne Orthwein
National Institute of Standards and Technology 100 Bureau Drive
Building 101
Mail Stop 4720
Gaithersburg, MD 20899-4720

By fax to +1 (301)

Re: Lee Gurfein

Dear Ms. Hope Snowden:

This letter authorizes Mr. Lee Gurfein as administrative contact on Cooperative Agreement No 70NANB1H3050 with Computer Aided Surgery, Inc.

This authorization is valid for the period of one year from the start of the Agreement on October 1, 2001 through Sept 30. This authorization can be revoked in writing to you and him by myself at any time this authorization is in effect. Until specifically authorized to do so, Mr. Gurfein is not an officer of the corporation, and is not authorized to sign for the corporation. The authorization for Mr. Gurfein to commit the corporation will be made by separate letter authorization if the need arises.

Sincerely,

October 26, 2001

Dr. D. B. Karron
Computer Aided Surgery, Inc.
300 East 33rd Street
Suite 4N
New York, NY 10016

RE: Cooperative Agreement No. 70NANB1H3050
Amendment No. 01


Dear Dr. Karron:

Enclosed please find an original and two (2) copies of Amendment No. 01 to the above referenced Cooperative Agreement. Within thirty (30) days of receipt of these documents, please have an authorized individual sign and date the documents, and return the original and copy number 2 to my attention at:

National Institute of Standards and Technology
Grants Office
100 Bureau Drive, Building 411, STOP 3580
Gaithersburg, MD 20899-3580.

You may retain copy number 3 for your files. If you have any questions, please feel free to contact me at (301) 975-6002 or by fax at (301) 840-5976 or via e-mail at hope.snowden@nist.gov.

Sincerely,


Hope Snowden
Grants Specialist

Enclosures: Form CD-451 (3)

bc: File, Reader, BJ. Lide/ATP Project Manager
NIST/OA/GAMD (358); H.Snowden:975-6002
(DOC:letters/ament):wp61\File in Bldg 411, A-143

1/4